

U. S. POSTAL SERVICE / FEDERAL BUREAU OF INVESTIGATION, U. S. DEPARTMENT OF COMMERCE

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2009 <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		Docket Number (Optional) 14506-49286	
Application Number	10/528,241	Filed December 2, 2005	
For OPTICAL APPARATUS FOR GUIDED LIVER TUMOR TREATMENT AND METHODS			
Art Unit	3769	Examiner J.B. Lipitz	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$130	\$65	\$
<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$490	\$245	\$ 245.00
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1110	\$555	\$ _____
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1730	\$885	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2350	\$1175	\$ _____
<p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-3537</u>.</p>			
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
I am the	<input type="checkbox"/>	applicant/inventor.	
	<input type="checkbox"/>	assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).	
	<input checked="" type="checkbox"/>	attorney or agent of record. Registration Number <u>45,242</u>	
	<input type="checkbox"/>	attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34	
<u>/Tim Tingkang Xia/</u> Signature		December 30, 2009	
<u>Tim Tingkang Xia</u> Typed or printed name		(404) 495-3878 Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below			
<input type="checkbox"/>	Total of <u>1</u>	forms are submitted.	